Form Approved OMB No. 2000-0138 EPA Form 8900-1

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## Notification & Hazardous Waste Sit

**United States Environmental Protection** Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Compre-hensive Environmental Response, Compen-paper. Indicate the letter of the item

Please type or print in ink. If you need

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be mailed by June 9, 1981.	) and must	which applies.	810	528			~ . RX	/
	···.			1	LS-O	00-00	1- P92	
Person Required to Notify:	Technical Industrial Products Corp.							
Enter the name and address of to or organization required to notifi	Name							
** · · · <b>3</b> ** · · · · · · · · · · · · · · · · · ·	, .	Street 9000 N. Pioneer Rd.						
		City	Peor	ia		State IL	Zip Code	61615
Site Location:  Enter the common name (if known) and actual location of the site.		Name of Site	neto	al Dece	03/1	1100		
		27	21	77 1	O's A	Don's	Pas b	mit
n/a	12	Street 7	na	Light D	Parada	<del>(11/1</del> 1/1/	, we come	17608
11 10051726	63	City X T	7110	County L	Santa Company	State 4	Zip Code	
Person to Contact:	امسم امان	Name (Last, First a	nd Title)	James G	Hess	m <i>en</i> Producti	ion Manag	ger
Enter the name, title (if applicab business telephone number of t	he person		<u>`</u> .	523-4565	<del>-</del>	······································		
to contact regarding information submitted on this form.	Phone (Z	17)	323-4303	·				
Dates of Waste Handling:						<del></del> -		
Enter the years that you estimat treatment, storage, or disposal bended at the site.		From (Year	<i> </i> 	To (Year) 198	8/			
Option I: Select general waste to you do not know the general waste to you do not know the general waste to general Type of Waste:  Cieneral Type of Waste:  Place an X in the appropriate boxes. The categories listed overlap Check each applicable category.  1. [] Organics 2. [] Inorganics 3. [] Solvents 4. [] Pesticides 5. [] Heavy metals 6. Acids 7. [] Bases 8. [] PCBs 9 [] Mixed Municipal Waste 10 [] Unknown 11. [] Other (Specify)	ste types or in Item I—D  Source of Place and boxes.  1. □ Mii 2. □ Co 3. □ Te 4. □ Fer 5. □ Par 6. □ Lea 7. □ Iro 8. ※ Ch 9. □ Pla 10. □ Mi 11. □ Ele 12. □ Tra 13. □ Uti	sources, you are escription of Site lescription of Site of Waste: X in the appropriate of Site of Waste: X in the appropriate of Site of Waste: X in the appropriate of Site o	e e. iate	listed in the reappropriate fo the list of hazacontacting the located.  ferric chloric	servation O CFR Par of Waste gned a fou egulations our-digit no ardous was e EPA Reg	and Recovery t 261). e: ir-digit number i under Section umber in the astes and cod	er to each had no 3001 of Riboxes provide es can be obtaine State in w	Section 3001 zardous waste CRA. Enter the
	17. 🗆 Un	b/Hospital known her (Specify)		E		Records Ctr.		28/81

	Notification of Hazardous Waste Site	Side Two	••• •	.			
F	Waste Quantity:	Facility Type	Total Facility Waste Amou	nt			
	Place an X in the appropriate boxes to indicate the facility types found at the site.  In the 'total facility waste amount' space give the estimated combined quantity	<ol> <li>□ Piles</li> <li>□ Land Treatment</li> <li>□ Landfill</li> </ol>	gallons 32,500 per ye	ear <b>(</b>			
	(volume) of hazardous wastes at the site using cubic feet or gallons.	<ul><li>4. □ Tanks</li><li>5. □ Impoundment</li></ul>	Total Facility Area square feet				
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	<ul> <li>6. □ Underground Injection</li> <li>7. ☒ Drums, Above Ground</li> <li>8. □ Drums, Below Ground</li> <li>9. □ Other (Specify)</li> </ul>	acres				
G	Known, Suspected or Likely Releases	to the Environment:					
	Place an X in the appropriate boxes to indica or likely releases of wastes to the environment		☐ Known ☐ Suspected ☐ L	ikely			
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.						
H	Sketch Map of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.			, •			
				i			
	Description of Site: (Optional)			l			
•	Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs. Takes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which						
	rnay help describe the site conditions.						
J	Signature and Title:	Metal Decor					
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a	Name P.O. Box 3606	□ Own	<ul><li>☐ Owner, Present</li><li>☐ Owner, Past</li><li>☐ Transporter</li></ul>			
	mailing address (if different than address in item A). For other persons providing notification, the signature is optional.	city Springfield State	rator, Present rator, Past				
	Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".	Signature James G. Hess, Product	Date 5/13/81 (N)Oth				

